



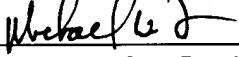
3627

+

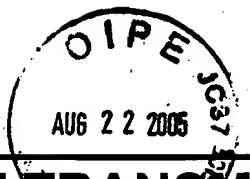
TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	09/912,030
		Filing Date	July 23, 2001
		First Named Inventor	Michael E. Orshansky
		Group Art Unit Number	3627
		Examiner Name	Lynda C. Jasmin
Total Number of Pages in This Submission	16	Attorney Docket Number	22272-06093

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> Amendment/Response: 13 Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> <input type="checkbox"/>

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT		
Signature:		
Attorney/Reg. No.:	Michael W. Farn, Reg. No. 41,015	Dated: Aug. 18, 2005

CERTIFICATE OF MAILING		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.		
Signature:		
Typed or Printed Name:	Michael W. Farn	Dated: Aug. 18, 2005
Express Mail Mailing Number (optional):		



AUG 22 2005

FEE TRANSMITTAL

for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **510**

TOTAL AMOUNT OF PAYMENT (\$ 510) Attorney Docket No. 22272-06093

Digitized by srujanika@gmail.com

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number 19-2555

Deposit Account Name

Fenwick & West LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity | Small Entity

<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee Description</u>	<u>Fee Paid</u>
------------	------------	------------	------------	------------------------	-----------------

Code (\$) | **Code (\$)**

SUBTOTAL (1) (\$) -0-

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20* =	X	=
Independent Claims	-3** =	X	=
Multiple Dependent			0

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) | **(\\$) -0-**

—or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
			Surcharge - late filing fee or oath or declaration
			Surcharge - late provisional filing fee or cover sheet
			Non-English specification
1812	2,520	1812	2,520
			For filing a request for ex parte reexamination
1804	920*	1804	920*
1805	1,840*	1805	1,840*
			Requesting publication of SIR prior to Examiner action
			Requesting publication of SIR after Examiner action
1251	120	2251	60
1252	450	2252	225
1253	1020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
			Petition to institute a public use proceeding
			Petition to revive - unavoidable
1453	1,500	2453	750
			Petition to revive - unintentional
1501	1,400	2501	700
1502	800	2502	400
1503	1100	2503	550
			Design issue fee
			Plant issue fee
1460	—	1460	—
			Petitions to the Director
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
			Recording each patent assignment per property (times number of properties)
1809	790	2809	395
			Filing a submission after final rejection (37 CFR 1.129(a))
1810	790	2810	395
			For each additional invention to be examined (37 CFR 1.129(b))
1801	790	2801	395
			Request for Continued Examination (RCE)
1802	900	1802	900
			Request for expedited examination of a design application
Other fee (specify) _____			

Other fee (specify)

SUBTOTAL (3) (\$ 510

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Michael W. Farn	Registration No. (Attorney/Agent)	41,015	Telephone (650) 335-7823	
Signature			Date	Aug. 18, 2005	